

Request for Wage Decision

Date:	
To:	DOC Labor Standards Specialist
	Grants Management
	Indiana Department of Commerce
	One N. Capitol, Suite 600
	Indianapolis, IN 46204-2208
From:	
Grantee:	
Grant Number:	

Project Information

Project Title:				
Project Location (Please Include County):				
Project Description:				
Type of Construction: (Check Only One)	Building		Heavy/Highway	
	Residential		Other	
Estimated Contract Amount:				
Estimated Bid Opening:				
Estimated Contract Award Date:				
Estimated Construction Start Date:				
Previous Wage Determination Issued:	Yes		No	
If Yes, Prior Decision Number:			Modifications	